**Discharge Letter**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear XXX,

You were referred to our Endocrinology Clinic for assessment of **primary hyperparathyroidism** (high calcium due to extra parathyroid hormone - PTH). At this time, you no longer need follow-up at our clinic, as you have had a surgery.

This letter includes your care instructions and test results. Your primary care provider will also receive a report with this information.

**Care instructions**

Continue to take calcium and Vitamin D:

* Make sure you get 1000 mg of calcium per day through diet and supplements
* Continue taking your current dose of Vitamin D: \_\_\_\_\_ IU/day

Please ask your family doctor to:

* Check your blood work once per year
* Total calcium/albumin and ionized calcium
* PTH and Creatinine
* Arrange a 3-site Bone Mineral Density test (BMD) in: \_\_\_\_\_\_\_\_\_\_

Please have your family doctor refer you back to our clinic or another endocrinologist if:

* Your level of calcium is elevated

**Blood work:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  | **Most recent total Calcium**  | **Most recent PTH**  | **Most recent Creatinine**  | **24 hour urine collection for Calcium/creatinine**  |
|   |   |   |   |   |

**Imaging test results:**

|  |  |  |
| --- | --- | --- |
| **Test**  | **Date**  | **Result**  |
| **Kidney Ultrasound**  |   |   |
| **Neck Ultrasound**  |   |   |
| **Bone Mineral Density**  |   | Lumbar Spine T-score: \_\_\_\_\_\_\_\_\_ Femoral Neck T-score:\_\_\_\_\_\_\_\_\_ Total Hip T-score: \_\_\_\_\_\_\_\_ 33% radius: \_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Spine imaging**  |   |   |

**Pathology:**

|  |  |
| --- | --- |
| **Date**  | **Results**  |
|   |      |